2001-08

DATE: March 1, 2001

DOCUMENT TITLE: Opportunities for Health Centers to Expand/Improve Access and Services During Fiscal Year 2001

TO: Community Health Centers
Migrant Health Centers
Health Care for the Homeless Grantees
Public Housing Primary Care Grantees
Healthy Schools, Healthy Communities Grantees
Primary Care Associations
Primary Care Offices

In Program Assistance Letter (PAL) 2001-12, the Bureau of Primary Health Care described its spending plan for the approximately $146.5 million in additional funding for fiscal year (FY) 2001 that is available to programs funded under section 330 of the Public Health Service Act, the Consolidated Health Center Authority. That PAL described how the increase would be used to: 1) strengthen the safety net already in place through existing grantees; 2) expand the safety net by establishing new access points; 3) promote excellence in practice; and 4) mobilize a workforce necessary for health centers to meet the need.

The purpose of this Policy Information Notice (PIN) is to describe the program priorities and review processes for making decisions on supplemental awards to existing grantees for specific subsets of the $146.5 million increase that are described in attachments to this PIN. Health center staff are advised to carefully review the information in each attachment before making a decision to apply for funds. For each opportunity, the "eligibility criteria" define the types of organizations that may apply for funds, and the "scope of proposal" section describes the factors that staff will be looking for in assessing and ranking eligible proposals. **Centers should be aware that limitations have been placed on the number of applications that can be submitted. Each organization may submit only one application for each source of grant funding that it currently receives. There are five sources of grant funding possible: 1) Community Health Center (CHC); 2) Migrant Health Center (MHC); 3) Health Care for the Homeless (HCH); 4) Public Housing Primary Care (PHPC); and 5) Healthy Schools, Healthy Communities (HSHC). Note that the deadline for application submission is April 20, 2001.** Please refer to Attachment L that is a cover page that must be included as a cover to each application submitted, and which re-states this information on the limitations placed on the submission of applications. The opportunities available through this PIN are as follows:

- **OUTREACH** - Approximately $2.5 million will be directed toward outreach activities proposed by grantees that are currently awarded CHC and/or MHC funding. Of the total, approximately $500,000 will be awarded to MHC grantees for outreach to migrant and seasonal farmworkers (MSFW) and $2 million will be awareded to CHC grantees for outreach to other population groups. Applications must describe activities directed toward eliminating a specific health disparity or barrier within the primary delivery system. **More information on the opportunity is provided in Attachment A.**

- **MENTAL HEALTH AND SUBSTANCE ABUSE** - Approximately $8.5 million will be directed toward activities that increase availability of mental health and substance abuse services. Of the total, approximately $5 million will be awarded to CHC grantees, $1 million will be awarded to MHC grantees for services to MSFW, $1.6 million will be awarded to HCH grantees for services to homeless individuals, $500,000 will be awarded to HSHC grantees for services to school children, and $350,000 will be awarded to PHPC grantees for services to residents of public housing. **More information on this opportunity is provided in Attachment B.**

- **ORAL HEALTH - NEW ACCESS -** Approximately $6.8 million will be awarded to establish oral health services at sites that have lacked onsite service capacity. Of the total, approximately $4 million will be awarded to CHC grantees, $1 million will be awarded to MHC grantees, $1 million will be awarded to HCH grantees, $500,000 will be awarded to HSHC grantees, and $300,000 will be awarded to PHPC grantees. **More information on this opportunity is provided in Attachment C.**

- **ORAL HEALTH - EXPANDED ACCESS -** Approximately $5 million will be awarded to CHC and/or MHC grantees ($4 million to CHC and $1 million to MHC grantees) with established oral health programs to submit an application to expand the service delivery capacity at a site that already has onsite services. **More information on this opportunity is provided in Attachment D.**

- **ENHANCEMENT OF DENTAL PROFESSIONAL SALARIES AT CHC AND/OR MHC GRANTEES -** Approximately $1 million is available to enhance the ability of CHC and/or MHC grantees to recruit and retain dental providers by increasing the salary levels of existing positions. **More information on this opportunity is provided in Attachment E.**

- **CLINICAL PHARMACY DEMONSTRATION PROJECTS -** Approximately $1 million is available to support clinical pharmacy demonstration projects at networks of health centers that demonstrate a cooperative relationship with a school or college of pharmacy. First year funding would be between $100,000 and $250,000. The applicant grantee can be either a CHC, MHC, HCH, HSHC, or PHPC grantee. **More information on this opportunity is provided in Attachment F.**

- **PHARMACY START-UP PROJECTS** - Approximately $300,000 is available to support pharmacy start-up projects for grantees proposing to initiate comprehensive pharmacy services directly or through contracted pharmacies for a network of at least two BPHC health centers. The applicant grantee can be either a CHC, MHC, HCH, HSHC, or PHPC grantee. **More information on this opportunity is provided in Attachment G.**

- **EXPANDED ACCESS TO PRIMARY CARE SERVICE CAPACITY AT HCH GRANTEES -** Approximately $1.5 million is available for expansion of the medical provider staffing at HCH grantees. **More information on this opportunity is provided in Attachment H.**

Attachment I was developed and included for reference to key information on eligibility, focus or scope, funding limitations, page limits, and number of expected awards for each of the opportunities described in Attachments A through H.

This spending plan was developed consistent with an overriding commitment to using a substantial portion of the increased appropriation for FY 2001 to support proposals submitted by our current safety net of providers to expand and improve services that are essential in order to continue moving toward our ultimate goal of 100% access and 0 health disparities.

If you have any questions regarding the opportunities for health centers to expand/improve services that are described in this PIN, please call either Cephas L. Goldman, D.D.S., Deputy Director, Division of Community and Migrant Health on (301) 594-4300, or Tom Coughlin, Deputy Director, Division of Programs for Special Populations on (301) 594-4420, or the staff who are listed at the end of the descriptions of specific opportunities in the attachments.

/s/

Marilyn Hughes Gaston, M.D.
Director, Bureau of Primary Health Care

Attachments

ATTACHMENT A

OPPORTUNITIES FOR COMMUNITY HEALTH CENTERS AND MIGRANT HEALTH CENTERS TO PROVIDE OUTREACH SERVICES

BACKGROUND

The purpose of this outreach opportunity is to assist Community Health Center (CHC) and/or Migrant Health Center (MHC) grantees and their community partners in addressing the needs of a specific population in their community (migrant and seasonal farmworkers (MSFW), children, women, etc.) that is underserved. The Bureau of Primary Health Care (BPHC) is interested in funding proposals that describe a viable set of activities directed toward eliminating a specific health disparity or barrier facing a particular population group. Recognized disparities include: breast and cervical cancer, cardiovascular disease, diabetes, HIV infection/AIDS, oral health, and immunizations.

The BPHC expects applicants to design objectives and expected outcomes that include the following: 1) the provision of substantially more direct medical services to additional users, recognizing that many barriers to accessing health care will remain difficult to overcome; 2) the provision of information to more persons regarding health care services available at the center, and assistance in accessing coverage for those services; 3) the prevention of disease, whenever possible, through education and empowerment, the detection of illness at an early stage, and assistance for patients in managing and improving their health outcomes; and 4) coordination of care for patients with special needs or to address a complexity of medical conditions. Objectives should be described in measurable terms and should include outcome measures, and planned activities to achieve objectives should be specified.

In terms of particular organizational/structural concepts, a priority will be placed on applications that demonstrate: 1) the use of culturally and linguistically appropriate educational materials and staff; 2) the use of collaborative arrangements with State and other non-profit organizations in designing the program; and 3) clear integration with primary care services at the community level.

HEALTH CENTERS ELIGIBLE TO APPLY FOR THESE FUNDS

Eligible grantees are current recipients of CHC and/or MHC funds. To be eligible to receive MHC funds, an application must identify a farmworker population in need.

AVAILABLE FUNDS

The BPHC expects to award a total of $2.5 million in support of outreach proposals to 30-35 CHC and/or MHC grantees ($2 million to CHC grantees and $500,000 to MHC grantees). Each application is limited to $75,000 in requested grant funds.

SCOPE OF PROPOSAL

The maximum length of applications under this opportunity is 5 pages. Each application must address and will be assessed on:

1. a **needs assessment** that:

- describes the community and its need for primary care services, with information on race/ethnicity, age, gender, primary language, poverty level, insurance status; and
- identifies a particular population group facing a particular barrier to care or disparity that will be the focus of the outreach activity.

2. a **service delivery plan** that:

- proposes a specific outreach program that will result in more information being provided to potential users, and then more direct care being provided to the target population;
- describes the proposed staffing, addressing language proficiency with the target population as applicable and any training needs;
- describes how services will be organized in the center; and
- describes linkages, partnerships, and collaborations in the community that will be utilized to achieve objectives.

3. a **business plan** that:

- estimates the costs to be incurred for the outreach program;
- identifies any local support available; and
- estimates the level of revenues that will be generated through services provided.

4. an **evaluation plan** that:

- describes how the success of the program will be assessed.

RELATED INFORMATION AND CONTACT POINT

Any specific questions on this opportunity to request funds for outreach should be directed to George Ersek, Acting Director, Migrant Health Branch, Division of Community and Migrant Health (DCMH). Mr. Ersek can be reached at (301) 594-4301 or by email at gersek@hrsa.gov.

Refer to Attachments J through L for general information on these opportunities that must be addressed in preparing applications.

ATTACHMENT B

OPPORTUNITIES TO INTEGRATE MENTAL HEALTH AND SUBSTANCE ABUSE IN PRIMARY CARE SETTINGS

BACKGROUND

Mental health and substance abuse (MH/SA) disorders such as depression and alcohol problems (i.e., problem drinking, alcohol abuse, and alcohol dependence) are prevalent among the populations served by health centers. Although effective interventions and treatments exist for MH/SA problems, many individuals in need of services are never identified as having a MH/SA problem, and fewer than half of those who are identified as needing treatment actually receive it (Institute of Medicine, 1996). If treatment for these disorders is not available on-site, patients are often reluctant to seek treatment in the community. Compounding this problem is the fact that many communities have little if any MH/SA treatment capacity, particularly for the uninsured. The BPHC has made access to MH/SA services for underserved populations a priority for fiscal year (FY) 2001, and is offering this opportunity for enhancing MH/SA services in order to help health centers improve access to these services for their patients.

For purposes of this Policy Information Notice, primary MH/SA services are defined as follows:

Primary mental health services includes prevention, screening, diagnosis, treatment, and follow-up of common mental disorders such as depression, anxiety, etc. Primary mental health services also include the treatment and follow-up of patients with severe mental illnesses, such as schizophrenia, bi-polar disorder or psychotic depression, that have been stabilized. Clinical and support services may include individual and group counseling/psychotherapy, family therapy, educational groups, and case management.

Primary substance abuse services include screening, diagnosis, assessment, treatment, and where possible, recovery services for substance use-disorders. Clinical and support services may include individual and group counseling, family therapy, educational groups, 12-step or and other mutual self-help groups, psychotherapy, brief alcohol intervention, and case management.

Effective strategies for increasing access to MH/SA services include: 1) integrating credentialed MH/SA providers (e.g., psychiatric clinical nurse specialists, licensed clinical social workers, psychologists, psychiatrists, licensed professional counselors, marriage and family therapists, and certified addiction specialists) into health center primary care clinic teams (prenatal, pediatric, adult, etc.); 2) using nurses or social workers as dedicated MH/SA care managers to screen, diagnose, develop individual patient care plans, conduct treatment therapies**,** and ensure regular follow-up with special care taken for populations found hard to track, such as farmworkers and the homeless; 3) developing information system registries of the clinic's MH/SA patients to provide MH/SA care management, including the tracking of clinical progress and the

documentation of MH/SA health outcomes; 4) initiating and maintaining strong formal linkages with community mental health and substance abuse service providers; 4) using culturally and linguistically appropriate lay health workers (e.g.**,** promotoras) and outreach teams.

HEALTH CENTERS ELIGIBLE TO APPLY FOR THESE FUNDS

Eligible grantees are current recipients of CHC, MHC, Health Care for the Homeless (HCH), Healthy Schools, Healthy Communities (HSHC), or Public Housing Primary Care (PHPC) grant funds that: 1) are proposing to establish onsite MH/SA services at an existing site that lacks MH/SA services and 2) have not received supplemental funds for MH/SA during either FY 1999 or FY 2000 (for another site in the system).

In reviewing proposals, the CHC and MHC programs plan to establish a preference factor for selecting applications from CHC and/or MHC grantees that have participated in a BPHC-funded Chronic Disease Collaborative (depression, diabetes, asthma).

AVAILABLE FUNDS

The BPHC expects to award approximately $8.5 million in support of approved MH/SA proposals. Of that total, it is expected that $5 million will be awarded to CHC grantees (with an urban/rural split of approximately 50%/50%), $1 million to MHC grantees, $1.6 million to HCH grantees, $500,000 to HSHC grantees, and $350,000 to PHPC grantees. It is expected that a total of approximately 85-90 grants will be awarded. Each application is limited to $100,000 in requested grant funds, but it will be expected that smaller service delivery programs (e.g., most HSHC grantees) describe MH/SA programs that are appropriate for the size of their program, and therefore request lower amounts of grant funds than the upper limit. In addition to the grant funds awarded, successful applicants that are in mental health shortage areas may also be able to benefit from National Health Service Corps loan repayment assistance that could be of benefit in recruiting MH/SA providers.

SCOPE OF PROPOSAL

The maximum length of applications under this opportunity is 9 pages. Each application must address and will be assessed on the following areas: **project abstract** (1 page maximum); **needs assessment** (2 page maximum); **service delivery plan** (4 page maximum); and **business plan** (2 page maximum).

More specifically, each application must include:

1. a **project abstract** that:

- describes the area and population to be served, and the critical needs of that population;
- outlines the scope of the MH/SA services to be provided;
- describes the proposed service delivery model, including how the MH/SA providers will be integrated into the primary care program;
- shows the number and types of clinical staff to be utilized; and
- specifies the amount requested.

2. a **needs assessment** that:

- describes the community and its need for MH/SA services among the population to be served;
- provides an estimate of the number of persons in need of primary MH/SA services in the service area for the site in terms of race, ethnicity, culture, age, gender, primary language, poverty level and insurance status;
- provides prevalence rates or estimates of the number of persons with major depression and alcoholism within the target population;
- describes the availability of MH/SA services for uninsured patients;
- identifies any barriers to patients trying to access MH/SA services;
- describes cultural and language issues; and
- describes the manner in which health center patients currently access MH/SA services.

3. a **service delivery plan** that:

- demonstrates the ability of **the site** to provide primary MH/SA services that are accessible to underserved and uninsured, and are appropriate for the populations served;
- describes MH/SA screening, diagnosis, treatment and case management as part of the overall primary care service delivery plan;
- describes the proposed staffing including: a) projected number and credentialing of MH/SA providers, MH/SA case managers and support staff (outreach workers, promotoras, etc.); b) percentage of full-time equivalent (FTE) staff committed to MH/SA service delivery or case management; and c) language proficiency of staff;
- describes how the MH/SA staff and services will be organized within the health center, i.e., will patients be seen in offices which are physically separate from the primary care clinics, or will the MH/SA providers be deployed into the different clinical areas as members of provider teams?;

- describes how primary care providers (PCP) will access MH/SA services for their patients, for example through a formal referral or on-site consultation and whether patients can self-refer;
- provides an estimate of the number of MH/SA service users and the projected start date for the initiation of services;
- describes how patients will be selected for screening, who will select them and who will screen them;
- describes the treatment modalities that will be available to patients, (e.g., psychotropics, problem solving therapy, individual psychotherapy, brief alcohol encounter, brief inpatient detox care, case management, etc.);
- describes the training needs for MH/SA staff, primary care providers, case managers, promotoras, and outreach staff, and how these needs will be addressed;
- describes the plan for tracking patient MH/SA care and outcomes especially taking into consideration those often lost to follow-up such as MSFW and homeless persons;
- describes any linkages, collaborations, and partnerships, and/or leveraging of other community resources such as community mental health and substance abuse treatment centers or other providers of MH/SA services. *If services are provided through contracts in the community and the contract is in place, a signed contract(s) MUST be included with the application. If a contact(s) is not in place, include a letter of agreement or understanding with the proposed agency; and*
- addresses (for CHC and/or MHC grantees) any previous participation in a BPHC-funded Chronic Disease Collaborative (depression, diabetes, asthma, etc.), or a plan to participate in chronic disease collaborative (the Depression-Alcohol Abuse Collaborative or other chronic care collaborative that includes depression and alcohol abuse).

4. a **business plan** that:

- describes the link between the goals and objectives from the service delivery plan to the budget;
- describes the State's MH/SA reimbursement environment including the Medicaid Proposed Payment System;
- discusses barriers or problems with Medicaid MH/SA reimbursement and strategies for overcoming them;
- identifies any other local financial support for the proposed MH/SA program;
- estimates the percent of the proposed MH/SA patients enrolled in the State Children's Health Insurance program and Medicaid, and estimates the number of uninsured patients to be served;
- projects the productivity of each MH/SA provider including the number of patients seen per day, and the number of billable hours per day;
- estimates the reimbursements for MH/SA services from insurance (Medicaid plus other insurance);
- estimates the costs incurred for providing MH/SA services; and
- describes the prospects for expanding the resources available for MH/SA services over the

long term.

RELATED INFORMATION AND CONTACT POINT

Each successful applicant will have an opportunity to participate in a BPHC-sponsored Depression-Alcohol Collaborative to begin in April 2002. The Collaborative will be a 9-12 month clinical quality improvement experience focusing on measuring and increasing the quality of MH/SA care delivered in health centers in order to improve the general health status and the MH/SA health status of persons utilizing health centers as their source of primary care. The Depression-Alcohol Collaborative will include five major elements: patient self-management, clinical decision support, delivery system re-design, clinical information systems, and strong partnerships with local government and community organizations. Health centers will send a team of key health center staff to work together intensively with experts to share clinical, technical, and social support so that the health centers can undergo positive breakthrough changes in health outcomes among their patients.

The BPHC plans to convene a grantee meeting within the first two months after these awards are issued. During the meeting grantees will be presented methods and procedures for enhancing the quality of the MH/SA services, patient tracking systems and outcome measures they proposed in the applications. Applicants should budget for this meeting in their application.

Applicants are encouraged to avail themselves of the Bureau's managed care training on integrating behavioral health services with primary care. This training is available at no cost to the applicant. For more information on this training opportunity, contact Pam Perry of BPHC at (301) 594-4067 or via email at pperry@hrsa.gov or visit the BPHC Managed Care Training and Technical Assistance web site http://bphc.hrsa.gov/mc/mc.htm..

Any specific questions on this opportunity to request funds to integrate MH/SA services in primary care settings should be directed to Carolyn Aoyama, CNM, Deputy Branch Chief, Clinical Management and Professional Development Branch, DCMH. Ms. Aoyama can be reached at (301) 594-4294 or by email at caoyama@hrsa.gov.

Refer to Attachments J through L for general information on these opportunities that must be addressed in preparing applications.

ATTACHMENT C

OPPORTUNITIES TO ESTABLISH ONSITE ORAL HEALTH SERVICES AT SITES THAT LACK ACCESS TO THOSE SERVICES

BACKGROUND

The burden of oral health disease restricts activities in school, work, and home, and often significantly diminishes the quality of life. The populations served by health centers often experience significant barriers to accessing oral health services. The oral health care needs of low income, minority, rural, and vulnerable population groups continue to be greater than those of the general population, and access to oral health services is the primary reason for those disparities. The BPHC has made access to oral health services a priority for FY 2001, and is offering this opportunity to add oral health services at sites that lack those services in order to help health centers improve access to care for their patients.

For purposes of this Policy Information Notice, comprehensive oral health care is defined as follows:

Comprehensive oral health services are defined as personal oral health care, delivered in the context of family, culture, and community, that includes all but the most specialized oral health needs of the individuals being served. The range of services should include preventive care and education, emergency services, basic restorative services, and periodontal services. Additional services may include basic rehabilitative services that replace missing teeth to enable the individual to eat, benefit from enhanced self-esteem, and have increased employment acceptability.

It is recognized that HSHC grantees may face particular challenges in securing appropriate space for oral health programs. Depending on the size of the program and the availability of physical space, some HSHC grantees may choose to submit applications based on the use of portable dental units, some may propose establishing a permanent operatory, and others may choose to use a mobile van. Each application must offer primary prevention and primary care services (examinations, diagnosis, treatment (dental sealants, cleaning, restorations, extractions and space maintainers, etc.) through the model of care proposed. The HSHC grantees are encouraged to contact the appropriate Division of Programs for Special Populations (DPSP) staff (see below) to discuss options for care delivery before submitting applications.

HEALTH CENTERS ELIGIBLE TO APPLY FOR THESE FUNDS

Eligible grantees are current recipients of CHC, MHC, HCH, HSHC, or PHPC funds that are proposing to either: 1) establish an onsite oral health program at an existing primary care site that does not offer this service onsite, or 2) establish a new site to provide oral health services to a population that has lacked access to these services.

AVAILABLE FUNDS

Approximately $6.8 million will be awarded to: 1) establish oral health services at sites that lack onsite access; and 2) establish new sites for the purpose of increasing access to oral health services. Of the total, approximately $5 million will be awarded to C/MHC grantees ($4 million to CHC grantees and $1 million to MHC grantees), $1 million will be awarded to HCH grantees, $500,000 will be awarded to HSHC grantees, and $300,000 will be awarded to PHPC grantees. It is expected that a total of approximately 40 grants will be awarded. Each application from a CHC, MHC, HCH, or PHPC grantee is limited to $200,000 in requested grant funds, and each application from a HSHC grantee is limited to $100,000 in requested grant support. it will be expected that smaller service delivery programs describe oral health programs that are appropriate to the size of their overall program, and request lower amounts of grant funds than the upper limit.

SCOPE OF PROPOSAL

The maximum length of applications under this opportunity is 9 pages. Each application must address and will be assessed on the following areas: **project abstract** (1 page maximum); **needs assessment** (2 page maximum); **service delivery plan** (4 page maximum); and **business plan** (2 page maximum).

More specifically, each application must include:

1. a **project abstract** that:

- describes the population to be served, and the critical oral health needs of that population;
- describes the oral health program to be established, including the services to be provided;
- shows the number and types of personnel to be utilized;
- describes how the program will be administered;
- notes key points of collaboration, coordination, and linkage with relevant community entities and providers (government, dental schools and societies, Head Start, Women, Infant and Child, etc.); and
- the amount of grant funds requested.

2. a **needs assessment** that:

- describes the target population and its need for oral health services, providing information on race/ethnicity, age/sex breakdown, homelessness in area, primary languages, income distribution, other special populations, etc. The information must identify a critical mass of persons in need of an oral health program;
- describes the oral health status and treatment needs of the target population, including perceived and tangible barriers to accessing comprehensive oral health services, and other unique or special treatment needs or service delivery considerations for the population to be served;
- addresses whether the service area currently has a Dental Health Professional Shortage Area (DHPSA) designation; and.
- describes how the target population currently accesses oral health services.

3. the **service delivery plan** developed from the needs assessment and that:

- includes an organizational chart that illustrates where the dental director and oral health program will fit into the structure of the health center;
- describes the proposed staffing of the program, including the number of dentists, hygienists, assistants, and/or auxiliary/support personnel by FTEs, and including proposed cross-training and expanded duties plans, as appropriate. The proposed staffing plan should be based on having at least 1,000 users per FTE dentist.
- describes other critical elements of the program: providing an after-hours emergency arrangement, presenting a plan to get all necessary equipment and supplies to implement the program;
- includes a time-framed plan for recruiting and/or training staff for the oral health program, and a projected date for beginning the delivery of services that is within 120 days of the award date;
- describes the plan for marketing the oral health program to potential users;
- addresses how the oral health program will be integrated with other primary care services offered by the health center;
- describes the proposed quality assurance (QA) program for oral health services and how any problems identified through the process will be remedied; and
- identifies the program objectives and describes the plan for how the success of the oral health program be evaluated. The plan must specify how the health center will assess whether stated objectives were met through program activities, what impact there has been on the oral health of the user population, and how problem areas or unmet objectives will be remedied after they are identified.

4. a **business plan** that:

- describes the link between the goals and objectives from the service delivery plan to the budget;
- supports projections of patient service revenue by providing information on how utilization is expected to grow after services are initiated during the first budget period, what the projected distribution of encounters will be by major payment source (Medicaid, Medicare, self-pay, other third-party), what the average charge and/or collected amount per encounter will be;
- presents information on any State, local, other grant, etc., revenue that will be applied to the project, as well as any donated personnel, equipment, supplies, etc.;
- supports projections of expenses with detail on: proposed salaries for key positions, equipment to be purchased (with itemization for pieces of equipment costing over $5,000), office and oral health supplies (with supporting detail on how amounts were projected), travel (by traveler type and purpose of travel, e.g., continuing professional education for dentists); contractual (by contract type, e.g., referral to outside provider, lab), and all other (explained in sufficient detail to enable reviewers to assess relevance to service delivery plan), and
- includes a budget for the subsequent 2 years of grant support that shows a diminishing reliance on grant support as reimbursements from services increases at full implementation.

RELATED INFORMATION AND CONTACT POINT

Any questions about the Oral Health New Access Initiative should be directed to either: Jay R. Anderson, D.M.D., Chief Dental Officer, DCMH, at (301) 594-4295 or by email at janderson@hrsa.gov or Betty DeBerry-Sumner, D.D.S., MPH, Chief Dental Officer, DPSP, at (301) 594-3727 or by email at bdberry-sumner@hrsa.gov.

Refer to Attachments J through L for general information on these opportunities that must be addressed in preparing applications.

ATTACHMENT D

OPPORTUNITIES FOR CHC AND MHC GRANTEES TO ADD SERVICE DELIVERY CAPACITY TO EXISTING ORAL HEALTH SERVICE SITES

BACKGROUND

The BPHC recognizes that many health centers with existing oral health programs are faced with unmet demand. The DCMH has set aside $5 million in FY 2001 funds to meet this demand for additional funds to support the expansion of services at CHC and MHC sites with existing oral health program. Funds will be used to support additional dental provider staffing at sites that: 1) can document demand for additional services; 2) are already operating at maximum efficiency at the current staffing level; and 3) could add provider time quickly, and with little one-time start-up expense.

HEALTH CENTERS ELIGIBLE TO APPLY FOR THESE FUNDS

Current recipients of CHC and/or MHC funds are the only organizations which are eligible to apply for support under this opportunity.

AVAILABLE FUNDS

The BPHC expects to award up to $5 million ($4 million to CHC grantees and $1 million to MHC grantees) in support of approved oral health staff expansion applications. It is expected that approximately 50 supplemental grants will be awarded. Each applicant is limited to requesting no more than $100,000 in annualized grant support.

SCOPE OF PROPOSAL

The C/MHCs may utilize funds available through this opportunity to expand oral health provider staffing. These funds may be used to add new staff (full or part-time) or to increase the hours of current staff who are not currently full-time.

The maximum page length for applications under this opportunity is 5 pages. Each application must address and will be evaluated on:

1. a **needs assessment** that**:**

- provides background on the community and its need for oral health services, with information on race/ethnicity, age, gender, primary language, poverty level, and insurance status;
- includes data to support an assessment that current oral health providers at the site are already operating at maximum efficiency and effectiveness; and

- includes data to support an assessment that even with an efficient program, there is unmet demand for oral health services at the site.

2. a **service delivery plan** that**:**

- describes the proposed plan to expand access: number of FTE staff to be added, and the number of additional users and encounters to be generated on an annualized basis;
- includes a recruitment plan to add staff; and
- presents a projected start date for the initiation of expanded services that is within 120 days of the award date;

3. the **business plan:**

- links the objectives from the service delivery plan to the budget;
- support projections of patient service revenue by providing information on how utilization is expected to grow during the first budget period after provider time is increased, what the projected distribution of the increased encounters will be by payer, what the average charge and/or collected amount per encounter will be;
- if applicable, discuss any State, local, other grant, etc., revenue to be applied, as well as any donated personnel, equipment, supplies, etc., for this expansion;
- support projections of expenses for this expansion with information on projected salaries, additional equipment or supplies, etc.;
- estimated productivity of any additional providers by the end of the first year; and
- need for ongoing support for this staff expansion after the first year.

RELATED INFORMATION AND CONTACT POINT

Any questions about this opportunity should be directed to: Jay R. Anderson, D.M.D., Chief Dental Officer, DCMH, at (301) 594-4295 or by email at janderson@hrsa.gov.

Refer to Attachments J through L for general information on these opportunities that must be addressed in preparing applications.

ATTACHMENT E

OPPORTUNITIES FOR CHC and MHC GRANTEES INCREASE SALARY LEVELS FOR DENTISTS

BACKGROUND

The BPHC recognizes that many health centers with existing oral health programs have difficulty in retaining or recruiting dentists because the salary levels being offered are significantly lower than salaries being offered by other organizations competing to hire the same individuals. The DCMH has set aside $1 million in FY 2001 funds to support requests by CHC and MHC grantees to increase salary levels by up to $20,000 per year per fte dentist to bring salaries into the competitive range. The definition of "in the competitive range" for this opportunity will be defined as a salary that is at least 75 percent of the average net income of dentists in the private sector in the area.

HEALTH CENTERS ELIGIBLE TO APPLY FOR THESE FUNDS

Current recipients of CHC and/or MHC funds that have positions for dentists within the scope of their approved project are the only organizations which are eligible to apply for support under this opportunity.

AVAILABLE FUNDS

The BPHC expects to award up to $1 million in support of applications for salary enhancement funds. It is expected that 25-50 supplemental grants affecting 50-60 FTE positions will be awarded. Each applicant is limited to requesting no more than a $20,000 increase per FTE dentist.

SCOPE OF PROPOSAL

Applications for salary enhancement are limited to 3 pages. Each application must address and will be assessed on the following:

1. a **description of the program and the need for enhanced salaries** that:

- summarizes the current program, including its location, scope, populations served;
- discusses the local conditions that have contributed to the salary disparity between the CHC and/or MHC and the marketplace;
- supports the application for salary enhancement funds by presenting information on turnover rates, or the length of time it takes to fill a vacancy;
- presents data on the salary levels available elsewhere in the marketplace; and

- includes information to justify an assessment that the current program is efficient and effective, including information on productivity, growth in the practice, improved outcomes, etc.

2. the **plan to address the need** that:

- includes a specific request for salary enhancement, limited to no more than $20,000 per year per FTE dentist; and
- as applicable, provides information on recruitment activities to advertize the increased salary levels.

RELATED INFORMATION AND CONTACT POINT

Any questions about this opportunity should be directed to: Jay R. Anderson, D.M.D., Chief Dental Officer, DCMH, at (301) 594-4295 or by email at janderson@hrsa.gov.

Refer to Attachments J through L for general information on these opportunities that must be addressed in preparing applications.

ATTACHMENT F

OPPORTUNITIES FOR HEALTH CENTERS TO PARTICIPATE IN CLINICAL PHARMACY DEMONSTRATION PROJECTS

BACKGROUND

The goal of the clinical pharmacy demonstration project is to demonstrate how access to needed pharmaceuticals, when delivered as a part of comprehensive pharmacy services, makes a substantial and affordable contribution to improving the health status of the patient population, and should become a standard component of the center's health delivery program.

This opportunity is for supplemental grants to plan and implement clinical pharmacy services in networks of health center sites with links to schools or colleges of pharmacy. Technical assistance will be available for implementation of approved projects. In addition, approved projects that need assistance in recruiting and retaining clinicians may have positions for clinical pharmacists approved for National Health Service Corps (NHSC) Loan Repayment.

In addition to the dispensing of drugs, clinical pharmacy services include patient education and consultation, checking for potential drug interactions, methods to make sure that patients adhere to the prescribed drug therapy, regular monitoring of health outcomes, and a network-wide core formulary. The purpose of this clinical pharmacy demonstration is to show the impact these services can have on improved health with a modest initial budget in a relatively short time, in some cases, more than paying for itself at full implementation. In these demonstration projects, the clinical pharmacist provides these services as a key member of the health delivery team. By preventing problems caused by drug interactions, inappropriate doses, and failure to adhere to prescribed therapy, the cost of outpatient care and inpatient medical care to deal with such problems can be avoided while restoring and maintaining the patient's well-being.

Note that applicants for these funds must include completed copies of Attachments M and N with their applications.

HEALTH CENTERS ELIGIBLE TO APPLY FOR THESE FUNDS

Eligible grantees are CHC, MHC, HCH, HSHC, or PHPC grantees proposing: 1) to deliver clinical pharmacy services directly or by contract for networks of health center sites, and 2) to develop cooperative relationships with schools or colleges of pharmacy. The requirement for establishing a relationship with a school or college of pharmacy has been included to increase the potential for a successful pharmacy demonstration project. First, a relationship with such an institution will enhance efforts to recruit and retain a clinical staff pharmacist and offer an opportunity for students to experience a rotation in a primary care setting. Second, a relationship with a teaching institution will increase the potential for the most current practices in clinical pharmacy to be incorporated into the health center's standards of care. For purposes of this demonstration, a "network" is a group of health centers (a minimum of at least two separate CHC, MHC, HCH, HSHC, or PHPC grantee organizations) that organizes for economies of scale or to share the cost of services such as the clinical pharmacy. The application from such a network should be submitted by a lead center on behalf of the network described in the application.

AVAILABLE FUNDS

The BPHC expects to award a total of approximately $1 million to support 3 to 7 new clinical pharmacy demonstration projects in FY 2001. Awards are expected to range between $100,000 and $250,000. Second year funding may be available, but since it will be expected that clinical pharmacy projects will begin to pay for themselves in the second year, such support would not be expected to exceed half of the first year funding level. For most networks, it is assumed that no ongoing support will be needed after the second year.

In addition to the grant funds awarded, successful applicants that need assistance in recruiting and retaining clinicians may have positions for clinical pharmacists approved for NHSC loan repayment.

SCOPE OF PROPOSAL

The maximum page length for applications under this opportunity is 10 pages. Each application must address and will be evaluated on:

1. a **needs assessment** that**:**

- describes the target community in terms of factors such as race, ethnicity, most prevalent health disparities, income/third-party coverage status;
- describes the specific need for pharmaceutical services delivered through this model.

2. a **service delivery plan** that**:**

- presents an overview of the clinical pharmacy services plan to address the needs of the population;
- describes how the proposed clinical pharmacy demonstration project will be integrated with the primary health care team of the center;
- describes the clinical care priorities of the proposed program (e.g., diabetes, asthma, hypertension, hyperlipidemia, anticoagulation therapy);
- specifies (through the submission of a completed Attachment M to this Policy Information Notice (PIN) the description of involvement, timeframe for inclusion in the project, PHS 340B Drug Pricing Program and Health Resources and Services Administration (HRSA) Prime Vendor involvement, and funding level for each proposed member of the network;
- describes a comprehensive, efficient pharmacy services strategy that includes: 1) a strong focus on patients receiving optimal pharmaceutical care to improve health outcome; 2) the use of a cost-efficient formulary management and distribution system; and 3) the purchase of prescription drugs at the best possible prices, using the PHS 340B Drug Pricing Program and the HRSA Prime Vendor;
- describes a staffing plan that makes clear the role of the clinical pharmacist in the health center's management team;
- includes a timeframed plan for recruiting and/or training staff for the pharmacy demonstration network;
- includes a description of a current or proposed cooperative relationship with a specific school or college of pharmacy that includes the following functions: 1) professional consultation in areas such as overall pharmacy management, clinical services, disease state management programs, and program evaluation; 2) community-based training for students; 3) clinical faculty positions for the health center's pharmacy staff; 4) opportunities for clinical outcomes research; and 5) access to continuing professional education for the center's pharmacy staff; and
- identifies linkages or partnerships with relevant other community resources, e.g., State pharmacy programs or other professional resources.

3. a **business plan** that:

- provides clear objectives and proposed activities that are linked to the service delivery plan and that will maximize to the extent possible the income that can be generated through this program;
- describes the current patient population in terms of the related payer mix;
- describes the current reimbursement environment, including any barriers or problems;
- identifies any other financial support available for the proposed project; and
- presents a realistic analysis of the potential for creating a self-sustaining clinical pharmacy program, giving the current patient population and its payer mix.

RELATED INFORMATION AND CONTACT POINT

Each proposal should include a commitment to conduct an internal evaluation of their project with preliminary findings and progress-to-date submitted to the Office of Pharmacy Affairs (OPA), BPHC, by the end of the first year and a follow-up report at a later date to be specified by the OPA. Each successful applicant will also be expected to submit certain prescribed data from their clinical and financial systems that can be used to measure the impact of the demonstrations by outside evaluators. These data are expected to include total pharmacy service costs, the cost of the clinical pharmacy component, and data on the health outcomes from drug therapy before and after the implementation of the project.

Any specific questions on this opportunity should be directed to Craig Hostetler, OPA, at (301) 594-4353 or 800 628-6297, or by email at chostetler@hrsa.gov.

Refer to Attachments J through L for general information on these opportunities that must be addressed in preparing applications, and to Attachments M and N that must be completed and submitted by applicants for this particular opportunity.

ATTACHMENT G

OPPORTUNITIES FOR HEALTH CENTERS TO PARTICIPATE IN PHARMACY START-UP PROJECTS

BACKGROUND

The goal of the pharmacy start-up project is to assist networks of health centers that currently do not have access to needed pharmaceuticals to add that service. When needed medications are provided to patients as part of comprehensive pharmacy services, either through in-house or contracted pharmacies, they make substantial and affordable contribution to improving the health status of the patient population. These services should become a standard component of the center's health delivery program.

This FY 2001 opportunity is for supplemental grants to plan and implement pharmacy start-up services in networks of health center sites. Technical assistance will be available for implementation of approved projects.

The term "comprehensive pharmacy services" includes three main concepts:

1. ensuring that patients have access to affordable medications (purchasing using the PHS 340B Drug Pricing Program and the HRSA Prime Vendor, developing a system to access indigent patient pharmaceutical assistance programs, etc.);
2. maintaining the pharmacy service by providing efficient management (managing the following: network-wide core drug formulary, drug ordering and inventory, workflow, costs and revenues, etc.); and
3. enabling pharmacists to participate in patients' drug therapy management by utilizing their skills to provide pharmaceutical care (appropriately using technicians, extensive patient education, providing therapeutic information to prescribers, health promotion activities, etc.)

The purpose of this pharmacy project is to show that implementing comprehensive pharmacy services can improve access while reducing health disparities. In these demonstration projects, the pharmacist provides these services as a key member of the health delivery team. By preventing problems caused by drug interactions, inappropriate doses, and failure to adhere to prescribed therapy, the cost of outpatient care and inpatient medical care to deal with such problems can be avoided while restoring and maintaining the patient's well being.

HEALTH CENTERS ELIGIBLE TO APPLY FOR THESE FUNDS

Eligible grantees are those health centers proposing to initiate pharmacy services directly or by contract for networks of health center sites. For purposes of this demonstration, a "network" is a group of health centers (a minimum of at least two separate CHC, MHC, HCH, HSHC, or PHPC grantee organizations) that organize for economies of scale or to share the cost of comprehensive pharmacy services. The application from such a network should be submitted by a lead center on behalf of the network described in the application.

AVAILABLE FUNDS

The BPHC expects to award a total of approximately $300,000 to support 2 to 4 pharmacy start-up demonstration projects in FY 2001. Awards are expected to range between $50,000 and $100,000. Second year funding in FY 2002 may be available, but since it will be expected that the pharmacy projects will begin to pay for themselves in the second year, such support would not be expected to exceed half of the first year funding level. For most networks, it is assumed that no ongoing support will be needed after the second year.

SCOPE OF PROPOSAL

The maximum page length for applications under this opportunity is 10 pages. Each application must address and will be evaluated on:

1. a **needs assessment** that**:**

- describes the target community in terms of factors such as race, ethnicity, most prevalent health disparities, income/third-party coverage status; and
- describes the specific need for pharmaceutical services delivered through this model.

2. a **service delivery plan** that:

- presents an overview of the clinical pharmacy services plan to address the needs of the population, specifically addressing how the three elements of comprehensive pharmacy services (described above in the "Background" section) will be incorporated into the project;
- describes how the proposed program will be integrated with the primary health care team of the center;
- describes a staffing plan that makes clear the role of the pharmacist in the health center's management team;
- includes a timeframed plan for recruiting and/or training staff for the pharmacy program;
- specifies (through the submission of a completed Attachment M to this PIN) the description of involvement, timeframe for inclusion in the project, PHS 340B Drug Pricing Program and HRSA Prime Vendor involvement, and funding level for each proposed member of the network; and

- identifies linkages or partnerships with relevant other community resources, e.g., colleges or schools or pharmacy, State pharmacy programs, other professional resources.

3. a **business plan** that:

- provides clear objectives and proposed activities that are linked to the service delivery plan and that will maximize to the extent possible the income that can be generated through this program;
- describes the current patient population in terms of the related payer mix;
- describes the current reimbursement environment, including any barriers or problems;
- specifies whether the program will use an in-house pharmacy or a contracted pharmacy, and what the rationale for that choice was;
- identifies any other financial support available for the proposed project;
- presents a realistic analysis of the potential for creating a self-sustaining pharmacy program, giving the current patient population and its payer mix.

RELATED INFORMATION AND CONTACT POINT

Each proposal should include a commitment to conduct an internal evaluation of their project with preliminary findings and progress-to-date submitted to the OPA, BPHC, by the end of the first year and a follow-up report at a later date to be specified by the OPA. Each successful applicant will also be expected to submit certain prescribed data from their clinical and financial systems that can be used to measure the impact of the demonstrations by outside evaluators. These data are expected to include total pharmacy service costs, and data on the health outcomes from drug therapy before and after the implementation of the project.

Any specific questions on this opportunity should be directed to Craig Hostetler, OPA, at (301) 594-4353 or 800 628-6297, or by email at chostetler@hrsa.gov.

Refer to Attachments J through L for general information on these opportunities that must be addressed in preparing applications, and to Attachments M and N that must be completed and submitted by applicants for this particular opportunity.

ATTACHMENT H

HEALTH CARE FOR THE HOMELESS
PRIMARY CARE SERVICE CAPACITY EXPANSIONS

BACKGROUND

The BPHC recognizes that HCH grantees may require funds for the expansion of clinical staffing in order to meet the increasing demand for care at their existing service delivery sites. For FY 2001, a limited amount of funds are available to assist HCH grantees in adding to existing primary care service capacity where there is: 1) documented demand for additional services; 2) evidence that the current program is operating at maximum efficiency and effectiveness; and 3) a reasonable plan for adding provider time quickly and with little one-time start-up expense.

HEALTH CENTERS ELIGIBLE TO APPLY FOR THESE FUNDS

Current recipients of HCH funds are the only organizations which are eligible to apply for support under this announcement. Grantees which received initial homeless program funding in FY 1999 or FY 2000 are not eligible to apply for these funds.

AVAILABLE FUNDS

In response to this guidance, the BPHC expects to award up to $1.5 million to allow for expansion of primary care staffing in HCH programs. The total amount requested by each HCH grantee may not exceed $100,000. It is expected that 12-15 awards will be issued.

SCOPE OF PROPOSAL

The HCH grantees may utilize funds available under this announcement to enhance primary care staffing levels. These funds may be used to add new staff or to increase the hours of current staff.

The maximum page length for applications under this funding opportunity is 5 pages. Each application must address and will be evaluated on:

1. a **needs assessment** that**:**

- presents background information on the homeless population in the community and its need for primary care services, with information on race/ethnicity, age, gender, primary language, income/third-party coverage status;
- includes data to support an assessment that the current providers are already operating at maximum efficiency and effectiveness; and
- includes data to support a conclusion that even with an efficient program, there is unmet demand for primary care to homeless persons in the community.

2. a **service delivery plan** that**:**

- proposes a plan to add provider time, including the proposed number and discipline of additional provider staff by FTE, or the number of additional hours of care
- presents information on the number of additional users and encounters to be provided on an annualized basis;
- presents recruitment plan to add staff; and
- has a projected start date for the initiation of expanded services that is no later than 120 days after the date of the award.

3. a **business plan** that**:**

- supports projections of Medicaid or other patient service revenue with information on how utilization is expected to grow during the first budget period after provider time is increased;
- if applicable, discusses any State, local, other grant, etc., revenue to be applied, as well as any donated personnel, equipment, supplies, etc., related to this staff expansion.
- supports projections of expenses for this expansion with information on projected salaries and benefits, additional equipment and supplies, etc.,
- presents an estimate of the productivity of the added staff by the end of the first year; and
- presents an estimate for the need for ongoing support for this expansion after the first year.

RELATED INFORMATION AND CONTACT POINT

Note that these funds may be used to expand primary care services only, and may not be used to expand mental health, substance abuse, oral health, or other services. Please refer to other sections of this PIN for information about opportunities for HCH grantees to expand other services. Additionally, please note that funds available under this expansion opportunity may **NOT** be used to enhance administrative staffing.

Any questions about this opportunity should be directed to Jean Hochron, Chief, Health Care for the Homeless Branch, DPSP, at (301) 594-4430 or via e-mail at jhochron@hrsa.gov.

Refer to Attachments J through L for general information on these opportunities that must be addressed in preparing applications.

Fiscal Year 2001 Health Center Service Expansion Opportunities
SUMMARY

	A Outreach	B MH/SA	C New ORAL Health	D ORAL Health Expansion	E Dental Salaries Increase	F Pharmacy Demos	G Pharmacy Start-Ups	H HCH PC Capacity Expansion
ELIGIBILITY *	CHC MHC	CHC MHC HCH PHPC HSHC	CHC MHC HCH PHPC HSHC	CHC MHC	CHC MHC	CHC MHC HCH PHPC HSHC	CHC MHC HCH PHPC HSHC	HCH
SCOPE	To target specific health disparities or access barriers at C/MHCs	To establish /expand on-site MH/SA capacity in existing health centers	To create new oral health capacity at sites where it is not currently available	To expand oral health services at sites with existing OH capacity	To increase dental salaries to enhance retention and recruitment	To show value of team approach in providing pharmacy services as part of primary care delivery system.	To show how comprehensive pharmacy services can increase access and reduce health disparities.	To expand medical primary care capacity at existing HCH sites.
FUNDING	$2.0 CHC $ .5 MHC	$5.0M CHC $1.0M MHC $1.6M HCH $0.35M PHPC $0.5M HSHC	$5.0M CHC $1.0M MHC $1.0M HCH $03M PHPC $0.5M HSHC**	$4.0 CHC $1.0 MHC	$1.0M C/MHC	$1.0M	$0.3M	$1.5M HCH
	$75,000 Max	$100,000 Max	$200,000Max**	$100,000 Max	$20K / FTE	$100K - $250K	$50K-$100K	$100,000 Max
PAGE LIMITS	**5 Pages**	**9 Pages**	**9 Pages**	**5 Pages**	**3 Pages**	**10 Pages**	**10 Pages**	**5 Pages**
EXPECTED AWARDS	30-35	85-90	40	50	25-50	3-7	2-4	12-15

* Organizations that received health center Service Expansion funds in FY 1999 or FY 2000 are not eligible for expansion funds in that same category in FY 2001.

** HS/HC grantees are limited to a $100,000 maximum in the category of Oral Health Services

ATTACHMENT J

APPLICATION PROCESS FOR FISCAL YEAR 2001 SERVICE EXPANSION/SERVICE IMPROVEMENT SUPPLEMENTAL AWARDS

BACKGROUND

Attachments A through H describe the opportunities for service expansion and service improvement that are being made available through the distribution of this memorandum. A health center may apply for more than one expansion/improvement if it currently receives more than one source of BPHC funding; a separate supplemental request must be submitted for each.

THE APPLICATION

A complete application consists of the following:

- A completed copy for the form included as Attachment K.
- Face sheet (SF 424)
- Narrative proposal **not exceeding the page length specified in the appropriate attachment** that defines the need for the project, the plan to address the need, and the measurable objectives and outcomes to be achieved. **The heading to this narrative section must make clear which service expansion or service improvement opportunity the application addresses (e.g., outreach, MH/SA expansion, new access to oral health, etc.)**
- A budget (SF 424A) with object class detail and justification appropriate to support the proposal. In cases where additional revenue is expected to be generated, revenue projections should be presented. **The requested level of grant funds must not exceed the limit specified in the description of the opportunity.**

WHERE AND WHEN TO SUBMIT THE APPLICATION

A separate complete application must be submitted for each opportunity. Each original application must be submitted by April 20, 2001, to:

Lawrence R. Poole
Grants Management Officer
Bureau of Primary Health Care
4350 East-West Highway, 11th Floor
Bethesda, Maryland 20814
ATTENTION: Service expansion-category:(enter category name described in Att. A through H)

You should also submit a copy of your application to your Project Officer in the Field Office. The Field Office staff will be involved in the process of working with the BPHC to assure that there are no organizational concerns related to performance that may warrant a decision to not select a particular organization's improvement proposal for support, and the Field Office staff will also be involved in facilitating the implementation of proposals selected for support.

Applications will be considered to have met the deadline if they are: (1) received on or before the deadline date; or (2) postmarked before the deadline date and received in time for orderly processing. Health centers should obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service, or request a legibly dated U.S. Postal Service postmark. Private metered postmarks will not be accepted as proof of timely mailing. **Please be advised that applications not submitted to the addressee/address indicated above WILL NOT be reviewed. Only hard copy applications will be reviewed; therefore, please do not send FAX copies.**

ATTACHMENT K

EVALUATION FACTORS FOR
BPHC STAFF REVIEW OF FISCAL YEAR 2001
SERVICE EXPANSION/SERVICE IMPROVEMENT PROPOSALS

I ELIGIBILITY

A. Applicant is a current recipient of CHC, MHC, HCH, HSHC, and/or PHPC grant funds, and is eligible to apply for the specific category of expansion or improvement funding based on the criteria specified in this PIN.

B. The total budget for the proposed activity does not exceed the ceiling specified for the particular funding opportunity.

C. The applicant has adhered to specified page limitations on the length of the proposal.

D. The applicant is not the focus of an official investigation by any office of a State Government or by the Federal Government.

II EVALUATION FACTORS

The following general factors will be used by BPHC in making decisions on service expansion and service improvement proposals. Added specificity is given for particular opportunities in the descriptions provided in the body of this memorandum.

A. NEED FOR ASSISTANCE

1) Applicant has submitted a proposal that is clearly focused on the target population and/or service expansion/improvement opportunity described in the guidance and noted on the application itself (Refer back to Attachment J instructions on the APPLICATION).

2) Applicant has demonstrated that underserved current clients and potential new clients currently experience barriers in attempting to access needed services due to location, cost of care, hours in which care is available, lack of insurance, etc.

3) Applicant has demonstrated that alternative sources of care are not available to the population with special health needs being targeted.

4) Applicant has clearly delineated the number and characteristics of new individuals to be served through the resources provided under this service expansion.

B. PLAN FOR CARRYING OUT SERVICE EXPANSION

1) Applicant has presented an appropriate plan for addressing the needs of the targeted population with special health needs.

2) Applicant has proposed a reasonable plan for assigning/hiring staff to carry out this service expansion, including, as appropriate, necessary recruitment and training.

3) Applicant has proposed a realistic and reasonable time schedule for implementing the service expansion, with evidence that timely implementation will occur.

C. APPROPRIATENESS OF BUDGET

1) The proposed budget is appropriate for the scope of the service expansion.

ATTACHMENT L

THIS COVER PAGE MUST BE SUBMITTED AS PAGE 1 OF EACH REQUEST

COVER PAGE
FY 2001 HEALTH CENTER SERVICE EXPANSION FUNDING

GRANTEE NAME: _____

CITY & STATE: _____

GRANT # ***Complete the Grant Number for this request (See Block 4 of NGA).***

The five digit number must be filled in (Select the prefix that applies):

CH Funding	**H27 CS** _ _ _ _ _	**OR**	**H19 CS** _ _ _ _ _
MH Funding	**H20 CS** _ _ _ _ _	**OR**	**H19 CS** _ _ _ _ _
HCH Funding	**H66 CS** _ _ _ _ _		
PHPC Funding	**H1B CS** _ _ _ _ _		
HS/HC Funding	**H2D CS** _ _ _ _ _		

SERVICE EXPANSION CATEGORY

For EACH current funding stream (i.e., CHC, MHC, HCH, PHPC, HS/HC), you are eligible to apply for only ONE service expansion opportunity:

___	**A**	OUTREACH	(CH & MH only)
___	**B**	MENTAL HEALTH/SUBSTANCE ABUSE	(ALL are Eligible)
___	**C**	ORAL HEALTH SERVICES	(ALL are Eligible)
___	**D**	EXPANDED ORAL HEALTH SERVICES	(CH & MH only)
___	**E**	DENTAL SALARY INCREASE	(CH & MH only)
___	**F**	CLINICAL PHARMACY DEMONSTRATION	(ALL are Eligible)
___	**G**	PHARMACY START-UP SERVICES	(ALL are Eligible)
___	**H**	EXPANDED SERVICE DELIVERY CAPACITY	(HCH only)

Federal Funding Requested: _____

Estimated Non-Federal Dollars related to this Activity: _____

_____

SIGNATURE

ALL REQUESTS MUST BE POSTMARKED BY APRIL 20, 2001, AND SENT TO THE OFFICE OF GRANTS MANAGEMENT (4350 EAST WEST HIGHWAY, 11TH FLOOR, BETHESDA, MD 20814) IN ORDER TO BE CONSIDERED. LATE APPLICATIONS AND APPLICATIONS SENT TO OTHER LOCATIONS WILL BE RETURNED.

 NO FAXES WILL BE ACCEPTED

Instructions for completion of Attachment M

1. **Network Members**: Please complete all appropriate areas. The lead center (grantee receiving these service expansion funds) should be listed in space number 1 on the first page, with its satellite sites listed below it. Each additional network member (other grantees or entities) should be listed -- one to a page -- on the subsequent sheets, with their participating satellite sites listed below them. Please copy extra sheets, if needed, for all additional participataing grantees/entities.

2. **Description of Involvement in Project Activities**: Please describe the level of involvement for the lead center and each network member. An example of the information for this box would include statements such as "will construct a new pharmacy" or "pharmacists will receive training for pharmaceutical care."

3. **Time-frame for Inclusion of Network Member Sites**: Please list when each network member will begin active involvement in the demonstration project. You should refer to the time frame as the month after the awarding of the grant that the activities will begin. For example, pharmacists will receive training for pharmaceutical care "in month 2" of the grant.

4. **PHS 340B and Prime Vendor Involvement Time-Frame**: Please list the date that both criteria will be met by the participating network member.

5. **Grant Funds Transferred to Other Network Members**: Please list the amount of any grant funds transferred to other network members.

6. **Signature:** The signature of an authorized official from each grantee/network partner should be obtained on a copy of the completed form. Original copies of all of the signed forms are to be submitted to OPA.

7. **College/School of Pharmacy Information** (ONLY Required for Clinical Pharmacy Demonstration Projects): Please describe the involvement of the college/school of pharmacy in project activities, the time-frame for implementation of activities, the grant funds transferred to the college/school of pharmacy, and provide a signature from an official from the college/school of pharmacy.

ATTACHMENT M – Network Description
Clinical Pharmacy Demonstration and Pharmacy Start-Up Projects

Participating Network Members and Their Satellite Sites	Description of Involvement in Project Activities	Time-frame for Inclusion of Network Member Sites	PHS 340B and Prime Vendor Involvement Time-frame	Grant Funds Transferred to Other Network Members	Signature of Grantee Official
1. Lead Center Grantee:					
Participating Satellite Sites:					
A.					
B.					
C.					
D.					
E.					

ATTACHMENT M – Network Description
Clinical Pharmacy Demonstration and Pharmacy Start-Up Projects

Participating Network Members and Their Satellite Sites	Description of Involvement in Project Activities	Time-frame for Inclusion of Network Member Sites	PHS 340B and Prime Vendor Involvement Time-frame	Grant Funds Transferred to Other Network Members	Signature of Grantee Official
2. Additional Grantee:					
Participating Satellite Sites:					
A.					
B.					
C.					
D.					
E.					

Please copy additional sheets for each participating grantee/entity

ATTACHMENT M – Network Description
Clinical Pharmacy Demonstration and Pharmacy Start-Up Projects

College/School of Pharmacy (ONLY required for Clinical Pharmacy Demonstration Projects)	Description of Involvement in Project Activities	Time-frame for implementation of Activities	Grant Funds Transferred to College/ School of Pharmacy	Signature of College/ School Official

Attachment N – Application Information
Clinical Pharmacy Demonstration and Pharmacy Start-Up Projects

Name of Lead Grantee	
Total number of grantees in network	
Total number of network sites (include ALL participating sites)	
Total number of patients served by participating network sites	
Total number of patient visits to participating network sites / year	
Dollar amount of "In-Kind" resources devoted to this project	$
List of targeted disease states for this project (ONLY Required for Clinical Pharmacy Demonstration Projects)	
Year 1 Funding Request	$
Year 2 Funding Request	$
Signature of Lead Grantee Official	